

<i>SERFF Tracking Number:</i>	<i>LSVX-125633322</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>USAbLe Life</i>	<i>State Tracking Number:</i>	<i>38863</i>
<i>Company Tracking Number:</i>	<i>GLFAR0002301F01</i>		
<i>TOI:</i>	<i>L04G Group Life - Term</i>	<i>Sub-TOI:</i>	<i>L04G.500 Other</i>
<i>Product Name:</i>	<i>Voluntary Group Term Life Portability Application,</i>		
<i>Project Name/Number:</i>	<i>Group Term Life Trust, GTP-VGTL2/GLFAR0002301F01</i>		

Filing at a Glance

Company: USAbLe Life

Product Name: Voluntary Group Term Life
Portability Application,

TOI: L04G Group Life - Term

Sub-TOI: L04G.500 Other

Filing Type: Form

SERFF Tr Num: LSVX-125633322 State: ArkansasLH

SERFF Status: Closed

Co Tr Num: GLFAR0002301F01

Co Status:

Author: SPI Life and Specialty
Ventures

Date Submitted: 05/02/2008

State Tr Num: 38863

State Status: Approved-Closed

Reviewer(s): Linda Bird

Disposition Date: 05/06/2008

Disposition Status: Approved

Implementation Date:

Implementation Date Requested: 06/06/2008

State Filing Description:

General Information

Project Name: Group Term Life Trust, GTP-VGTL2

Project Number: GLFAR0002301F01

Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments: AR is domiciliary
state.

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 05/06/2008

State Status Changed: 05/06/2008

Corresponding Filing Tracking Number:

Market Type: Group

Group Market Size: Small and Large

Group Market Type: Discretionary, Trust

Deemer Date:

Filing Description:

We are submitting an Application for Continuation of Group Term Life to USAbLe Life Group Insurance Trust Form for approval. This application will be used with the following product:

Policy Form

GTP-VGTL2 (3-06)

Approval Date

April 10, 2006

SERFF Tracking Number:	LSVX-125633322	State:	Arkansas
Filing Company:	USAbLe Life	State Tracking Number:	38863
Company Tracking Number:	GLFAR0002301F01		
TOI:	L04G Group Life - Term	Sub-TOI:	L04G.500 Other
Product Name:	Voluntary Group Term Life Portability Application,		
Project Name/Number:	Group Term Life Trust, GTP-VGTL2/GLFAR0002301F01		

USAbLe Life reserves the right to change the type style, paper size, and logo, or to issue the forms in electronic form.

Company and Contact

Filing Contact Information

Suzanne Bilello, Product Compliance Analyst	sbilello@usablelife.com
PO Box 1650	(501) 212-8885 [Phone]
Little Rock, AR 72203-1650	(501) 378-3333[FAX]

Filing Company Information

USAbLe Life	CoCode: 94358	State of Domicile: Arkansas
PO Box 1650	Group Code: 876	Company Type: Life & Health
Little Rock, AR 72203-1650	Group Name: Life and Speciality Ventures (LSV)	State ID Number:
(501) 375-7200 ext. [Phone]	FEIN Number: 71-0505232	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$20.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
USAbLe Life	\$20.00	05/02/2008	20070005

SERFF Tracking Number:	LSVX-125633322	State:	Arkansas
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TOI:	L04G Group Life - Term	Sub-TOI:	L04G.500 Other
Product Name:	Voluntary Group Term Life Portability Application,		
Project Name/Number:	Group Term Life Trust, GTP-VGTL2/GLFAR0002301F01		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	05/06/2008	05/06/2008

<i>SERFF Tracking Number:</i>	<i>LSVX-125633322</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>USable Life</i>	<i>State Tracking Number:</i>	<i>38863</i>
<i>Company Tracking Number:</i>	<i>GLFAR0002301F01</i>		
<i>TOI:</i>	<i>L04G Group Life - Term</i>	<i>Sub-TOI:</i>	<i>L04G.500 Other</i>
<i>Product Name:</i>	<i>Voluntary Group Term Life Portability Application,</i>		
<i>Project Name/Number:</i>	<i>Group Term Life Trust, GTP-VGTL2/GLFAR0002301F01</i>		

Disposition

Disposition Date: 05/06/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	LSVX-125633322	State:	Arkansas
Filing Company:	USAbLe Life	State Tracking Number:	38863
Company Tracking Number:	GLFAR0002301F01		
TOI:	L04G Group Life - Term	Sub-TOI:	L04G.500 Other
Product Name:	Voluntary Group Term Life Portability Application,		
Project Name/Number:	Group Term Life Trust, GTP-VGTL2/GLFAR0002301F01		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Application		Yes
Supporting Document	Certification/Notice		Yes
Supporting Document	AR - NAIC TRANSMITTAL DOC		Yes
Supporting Document	Cover Letter		Yes
Form	Application for Continuation of Group Term Life to USAbLe Life Gropu Insurance Trust		Yes

SERFF Tracking Number: LSVX-125633322 State: Arkansas

Filing Company: USAbLe Life State Tracking Number: 38863

Company Tracking Number: GLFAR0002301F01

TOI: L04G Group Life - Term Sub-TOI: L04G.500 Other

Product Name: Voluntary Group Term Life Portability Application,

Project Name/Number: Group Term Life Trust, GTP-VGTL2/GLFAR0002301F01

Form Schedule

Lead Form Number: GTC-VGTL2-APP-KC (4-08)

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	GTC-VGTL2-APP-KC (4-08)	Application/ Enrollment	Application for Continuation of Group Term Life to USAbLe Life Gropu Insurance Trust	Initial		40	GTC-VGTL2-APP-KC (4-08).PDF



P.O. Box 1650
Little Rock, Arkansas 72203

Please Print Using Dark Ink

Application for Continuation of Group Term Life to US Able Life Group Insurance Trust

Office Use Only

Policy #	
Effective Date	
Group #	10014523

SECTION A – EMPLOYEE INFORMATION

Name (First, MI, Last)				Social Security No.	
Home Address		City	State	Zip	County
Date of Birth	Age	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married		Home Phone ()
Date of Termination of Employment	Reason for termination: <input type="checkbox"/> Disabled <input type="checkbox"/> Retired <input type="checkbox"/> _____			Are you a fulltime member of the armed forces of any country? <input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION B - EMPLOYER INFORMATION (This section is to be completed by the Employer)

1. Employer Name	Group Policy Number	Date Applicant's Employment Terminated
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SECTION C – PLAN INFORMATION

1. Current Amount of Term Life on Employee: \$ _____	Continue Employee at: <input type="checkbox"/> 100% <input type="checkbox"/> 75% <input type="checkbox"/> 50% <input type="checkbox"/> None
2. Current Amount of Term Life on Spouse: \$ _____	If the employee does not continue coverage, then the Spouse will be the Primary Insured and should sign this application form accordingly. Also, Beneficiary information should be completed accordingly.
Continue Spouse: <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Current Amount of Term Life on Children \$ _____	Continue Children: <input type="checkbox"/> Yes <input type="checkbox"/> No
4. Premium Mode: <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually	

SECTION D – SPOUSE INFORMATION (Complete only if applying for Continuation of Spouse's Group Life Coverage)

Name (First, MI, Last)	Social Security No.	Date of Birth	Sex
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SECTION E – BENEFICIARY This will revoke any existing beneficiary designations you may have under these benefits.

PRIMARY BENEFICIARY(IES) (Will receive proceeds if living at primary insured's death):

Name (Last, First, MI)	Address	SSN	Birthdate	Relationship	Percentage

Total must equal 100% =

CONTINGENT BENEFICIARY(IES) (Will receive proceeds if Primary Beneficiary(ies) are not living):

Name (Last, First, MI)	Address	SSN	Birthdate	Relationship	Percentage

Total must equal 100% =

In signing below, I represent that the statements and answers given in this application are true, complete and correctly recorded. Further, my signature below acknowledges that I have received a copy of this application. I hereby designate the above beneficiaries under this certificate and revoke the appointment of any existing beneficiary.

Warning - It is or may be a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purposes of defrauding the company or other person. Penalties may include imprisonment or fines as determined by a court of law, and a denial of insurance benefits in accordance with applicable state law.

Signed at _____ City _____ State _____ on _____ Month Day Year

X _____
Signature of Primary Insured

EMPLOYER'S STATEMENT: I represent the above information is true, complete, and correctly recorded.

X _____
Employer's Signature

SECTION F - DECLINATION

I have been informed of my option to continue my group term life coverage under the US Able Life Group Insurance Trust Policy. The Portability provision has been explained to me, and I have been given the opportunity to continue this coverage. I understand my option and decline such coverage.

Signature of Terminating Employee

Signature of Witness

<i>SERFF Tracking Number:</i>	<i>LSVX-125633322</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Company Tracking Number:</i>	<i>GLFAR0002301F01</i>		
<i>TOI:</i>	<i>L04G Group Life - Term</i>	<i>Sub-TOI:</i>	<i>L04G.500 Other</i>
<i>Product Name:</i>	<i>Voluntary Group Term Life Portability Application,</i>		
<i>Project Name/Number:</i>	<i>Group Term Life Trust, GTP-VGTL2/GLFAR0002301F01</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: LSVX-125633322 State: Arkansas
Filing Company: US Able Life State Tracking Number: 38863
Company Tracking Number: GLFAR0002301F01
TOI: L04G Group Life - Term Sub-TOI: L04G.500 Other
Product Name: Voluntary Group Term Life Portability Application,
Project Name/Number: Group Term Life Trust, GTP-VGTL2/GLFAR0002301F01

Supporting Document Schedules

Review Status:

Satisfied -Name: Application 05/02/2008
Comments:
Attached to Forms Tab.

Review Status:

Satisfied -Name: Certification/Notice 05/02/2008
Comments:
Attachment:
AR - READABILITY CERTIFICATION.PDF

Review Status:

Satisfied -Name: AR - NAIC TRANSMITTAL DOC 05/02/2008
Comments:
Attachment:
AR - NAIC TRANSMITTAL DOC.PDF

Review Status:


Satisfied -Name: Cover Letter 05/02/2008
Comments:
Attachment:
Cover Letter.PDF

STATE OF ARKANSAS
READABILITY CERTIFICATION

COMPANY NAME: USAbLe Life

This is to certify that the form(s) referenced below has achieved a Flesch Reading Ease Score as indicated below and complies with the requirements of Ark. Stat. Ann. Section 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

Form Number	Score
GTC-VGTL2-APP-KC (4-08)	40

Signed: 
Name: Connie Phillips
Title: Staff Attorney & Assistant Secretary

Date: 05/02/2008

Life, Accident & Health, Annuity, Credit Transmittal Document

1.	Prepared for the State of	Arkansas					
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2.	Department Use Only						
	State Tracking ID						

3.	Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	State #
	USable Life PO Box 1650 Little Rock AR 72203-1650	AR	L&H	876	94358	71-0505232	04

4. Contact Name & Address	Telephone #	Fax #	E-mail Address
Suzanne R. Bilello PO Box 1650 Little Rock AR 72203-1650	800-648-0271 Ext. 28885	501-378-3333	sbilello@usablelife.com

5. Requested Filing Mode	<input checked="" type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____
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6.	Company Tracking Number	GLFAR0002301F01
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7.	<input checked="" type="checkbox"/> New Submission <input type="checkbox"/> Resubmission	Previous file # _____
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8.	Market	<input type="checkbox"/> Individual <input type="checkbox"/> Franchise <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> Group <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> <input type="checkbox"/> Small <input type="checkbox"/> Large <input checked="" type="checkbox"/> Small and Large <input type="checkbox"/> Employer <input type="checkbox"/> Association <input type="checkbox"/> Blanket <input checked="" type="checkbox"/> Discretionary <input checked="" type="checkbox"/> Trust <input type="checkbox"/> Other: _____ </div> </div> </div>
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9.	Type of Insurance	L04G Group Life - Term
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10.	Product Coding Matrix Filing Code	L04G.500 Other
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11.	Submitted Documents	<input checked="" type="checkbox"/> <u>FORMS</u> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> <input type="checkbox"/> Policy <input checked="" type="checkbox"/> Application/Enrollment <input type="checkbox"/> Schedule of Benefits </div> <div> <input type="checkbox"/> Outline of Coverage <input type="checkbox"/> Rider/Endorsement <input type="checkbox"/> Other: _____ </div> <div> <input type="checkbox"/> Certificate <input type="checkbox"/> Advertising </div> </div> <div style="margin-top: 10px;"> <input type="checkbox"/> <u>RATES</u> <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate </div> <div style="margin-top: 10px;"> <input type="checkbox"/> <u>FILING OTHER THAN FORM OR RATE:</u> Please explain: _____ </div> <div style="margin-top: 10px;"> <u>SUPPORTING DOCUMENTATION</u> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Association Bylaws <input type="checkbox"/> Statement of Variability <input type="checkbox"/> Actuarial Memorandum <input checked="" type="checkbox"/> Other: Transmittal Documents </div> <div> <input type="checkbox"/> Third Party Authorization <input type="checkbox"/> Trust Agreement <input checked="" type="checkbox"/> Certifications </div> </div> </div>
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16.	Certification (If required)
I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and the filing complies with all applicable statutory and regulatory provisions for the state of <u>Arkansas</u> .	
Print Name	<u>Suzanne R. Bilello</u>
Title	<u>Product Compliance Analyst</u>
Signature	
Date	<u>05/02/2008</u>



May 2, 2008

Julie Benafield Bowman
Arkansas Department of Insurance
Compliance – Life and Health
1200 West Third Street
Little Rock, AR 72201-1904

Re: Application for Continuation of Group Term Life to US Able Life Group
Insurance Trust
Form Numbers: GTC-VGTL2-APP-KC (4-08)
NAIC # 94358-876 FEIN # 71-0505232

Dear Ms. Bowman:

We are enclosing for your review and approval an Application for Continuation of Group Term Life to US Able Life Group Insurance Trust. This form is new and does not replace any forms previously filed with your department.

Form Number

GTC-VGTL2-APP-KC (4-08)

Form Name

Application for Continuation of Group Term Life
Insurance Trust

US Able Life reserves the right to change the type style, paper size, and logo, or to issue the forms in electronic format. We also reserve the right to change our address or officers' signatures as necessary.

Arkansas Department of Insurance

May 2, 2008

Page 2

This application will be used with the following product which was already approved by your department:

<u>Form Number</u>	<u>Form Name</u>	<u>Approval Date</u>
GTP-VGTL2 (3-06)	VGTL2 Trust Policy	04/10/2006

The following required state compliance forms are enclosed:

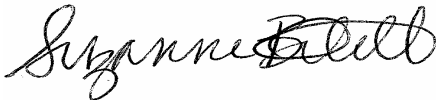
State Form Name

Readability Certification

NAIC Transmittal Document

Our records indicate that your Department accepts EFT payment for filing fees. Therefore, we have submitted the required \$20.00 filing fee via EFT payment through SERFF. If you have any questions or comments, please call me at (800) 648-0271 ext. 28885. We thank you in advance for your immediate attention.

Sincerely,



Suzanne R. Bilello
Product Compliance Analyst
sbilello@usablelife.com

Enclosures